

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065829

i. Entity Name

NEW SMYRNA CONDO LAND, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90309 009 ***150.00

Principal Place of Business
3303 CHIMNEY ROCK ROAD
SUITE 400
HOUSTON, TX 77056

Mailing Address
3303 CHIMNEY ROCK ROAD
SUITE 400
HOUSTON, TX 77056

Principal Place of Business
3033 CHIMNEY ROCK ROAD
Suite, Apt. #, etc.
400

3. Mailing Address
3033 CHIMNEY ROCK ROAD
Suite, Apt. #, etc.
400

City & State
HOUSTON, TX
Zip
77056
Country
U.S.A.

City & State
HOUSTON, TX
Zip
77056
Country
U.S.A.

4. FEI Number
59-3460025
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, JESSE E
369 N NEW YORK AVE
THIRD FLOOR
WINTER PARK FL 32789

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PS
TRULLI, GIULIO
120 KING STREET W., SUITE 1000
HAMILTON, ONTARIO, CANADA L8P-542

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

VT
SILVESTRI, DAN
3303 CHIMNEY ROCK RD., SUITE 400
HOUSTON TX 77056

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VT
SILVESTRI, DAN
3033 CHIMNEY ROCK RD., SUITE 400
HOUSTON, TX 77056

☐ Change ☐ Addition

☐ Delete

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2000

Date

(713) 785-6272

Day, time phone #

CR2E034 (9/99)